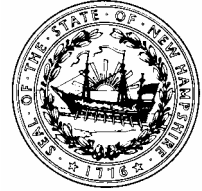




State of New Hampshire
Department of Environmental Services
Asbestos Management and Control Program
Application for Certification



For Asbestos Inspectors, Asbestos Management Planners, or Asbestos Project Designers who provide their services to SCHOOLS.

Please complete all sections of the application by printing or typing the required information, attaching all required documentation, and signing the application.

I. APPLICANT:

Name (last)_____, (first)_____, (mid I)_____
Social Security Number (identification only)_____
Date of Birth:_____, Phone:_____
Mailing Address:_____
City/Town:_____, State:_____, Zip:_____
E-Mail:_____

II. COMPANY OR PRINCIPLE PLACE OF EMPLOYMENT:

Firm:_____
Address:_____
City/Town:_____, State:_____, Zip:_____
Phone:_____, Fax:_____
E-Mail:_____

III. TYPE OF CERTIFICATION APPLYING FOR: Please check all that apply.

Asbestos Inspector _____
Asbestos Management Planner _____
Asbestos Project Designer _____

IV. APPLICATION INFORMATION:

- a.) Is this a new application or a renewal application? _____
If this is a Renewal Application attach a photocopy of your NH Certificate.
- b.) Have you previously applied for an asbestos related certificate in the State of New Hampshire? YES_____, NO_____
- c.) Are you licensed, certified, or permitted as an asbestos Inspector, Asbestos Management Planner, or Project Designer in any other state other than New Hampshire? YES_____, NO_____
If YES, please list the name of the state, the type, date of certification, and certificate number.

- d.) Submit two clear, unmutilated, and unstapled 1 1/2 x 1 inch color photographs, with your name legibly printed on the back of each photograph.

V. TRAINING OF APPLICANT:

a.) Formal Education Background

Academic Degree	School	Major	Minor	Graduation Date

b.) Other Relevant Formal Training. Please complete the section below and attach documentation of course attendance and grade on final exam.

Course Title	Course Sponsor	Date completed	Grade on exam

c.) Professional Credentials.

P.E. _____ C.I.H. _____ R.A. _____
 Other (specify): _____
 License or Certificate Numbers and Dates: _____

VI. EXPERIENCE OF APPLICANT:

List the experience required for each certification separately. Attach documentation of relevant employment history, including employers, dates of employment and duties, and asbestos abatement field experience. Provide date of project, name of project owner, contact person, telephone number, and a brief description of the project.

VII. ENFORCEMENT ACTION:

- a.) Are there any state or federal enforcement actions against the applicant with regard to asbestos abatement work?
 Yes: _____ No: _____
- b.) If the answer is YES, attach detailed information to this application about the enforcement action, including the name and address, of the federal or state agency taking action; the date of the action, and information as to whether and how the action was resolved.

VIII. STATEMENT OF COMPLIANCE:

I certify that I have read and understand the New Hampshire Asbestos Management Rules. I further certify this application is prepared in conformity with the New Hampshire Regulations for asbestos control and that all information contained herein, including any supplements attached hereto, is true and correct to the best of my knowledge and belief.

SIGNATURE OF APPLICANT: _____

TITLE: _____

Date: _____

Please send completed application to:

NH DES
Attn: Asbestos Licensing Program
PO Box 95 - 29 Hazen Drive
Concord, NH 03302-0095

Phone: (603) 271-4609

**DO NOT SEND APPLICATION WITHOUT APPROPRIATE APPLICATION FEE AS SPECIFIED
IN Env-A 1810.08 (b): (4), (5), (6), or (7):**

Singular certification shall be charged :

Initial Certification --- \$200.00

Renewal Certification* -- \$200.00

Combination Certifications shall be charged:

**Initial Certification --- \$200.00 for the first and \$50.00 for each
additional certification.**

**Renewal Certification* -- \$200.00 for the first and \$50.00 for each
additional certification.**

**CHECKS AND/OR MONEY ORDERS SHALL BE MADE PAYABLE TO “TREASURER, STATE OF
NEW HAMPSHIRE”.**

*Renewal applications are accepted for renewal if the application reflects the same certification(s) originally applied for. Any change in the number or type of certificates originally applied for constitutes a “new” application.